

Santa Rosa Memorial Hospital

A Sisters of St Joseph of Orange Corporation
1165 Montgomery Dr., Santa Rosa, CA 95405
(707) 546-3210

Account#:	SV0083448385	Unit#:	SM02706496
Status:	DEP ER	Location Service:	SRM ED
Visit Type:	Emergency Room	Admit Priority:	EMERGENCY
NB Mother Acct#:		Admit Source:	Home
OBS Date/Time:		Registrar:	ADM/BAR BG
In Adm/Date/Time:	02/25/2015 03:41	Discharge Date/Time:	02/25/2015 07:02
Room-Bed:	-	Discharge Disposition:	TO HOME - SELF CARE
VIP:		Expired Date:	

PATIENT INFORMATION

Patient Name:	GUTIERREZ, CYNTHIA	Employer:	NONE,
Patient Address:	3492 STONY POINT RD	Employer Address:	
	SANTA ROSA, CA 95407		
Home Phone:	714-673-1287	Work Phone:	
SSN:	xxx-xx-0625	Emp Status:	UE
DOB:	07/31/1981	Occupation:	
Sex:	FEMALE	Age:	33 Years
MS:	MARRIED	Race:	White
MN/AKA:	/		
LANG:	ENG	Religion:	Catholic
Interpreter Requested:		Ethnicity:	1

PHYSICIAN/CLINICAL INFORMATION

Admit Reason:	CONGESTION/COUGH/NERVE PAIN?		
Occurrence Description		Occurrence Date	
11		02/25/2015	
Attending MD:	ELLIOTT L BRANDWENE	Primary Care MD:	SOUTHWEST COMMUNITY CLINIC
Phone:	(707)525-5207	Phone:	(707)547-2222
Fax:	(707)566-0926	Fax:	707-636-0955
Admitting MD:			
Phone:			
Fax:			

EMERGENCY CONTACTS

Next of Kin:	HUERTA, JOSE	Contact:	HUERTA, JOSE
Rel to Pt:	Husband	Rel to Pt:	Husband
Home Phone:	714-673-1287	Home Phone:	714-673-1287
Work Phone:		Work Phone:	
Address:	3492 STONY POINT RD	Address:	3492 STONY POINT RD
	SANTA ROSA, CA 95407		SANTA ROSA, CA 95407

GUARANTOR INFORMATION

Guarantor Name:	GUTIERREZ, CYNTHIA	Employer Name:	NONE
Relationship:	Self/Same as Patient		
Address:	3492 STONY POINT RD	Employer Address:	
	SANTA ROSA, CA 95407		

Phone: 714-673-1287

Employer Phone:

LEVEL 1 INSURANCE

Bill To:	Partnership Managed Medicaid	Ins. Name 1:	Partnership Managed Medicaid
Address:	PO BOX 1368 SUISUN CITY, CA 94585-1368	Subscriber:	GUTIERREZ CYNTHIA
Phone#:	707-863-4203	Relationship:	Self/Same as Patient
Emp Status:	Unemployed	DOB:	07/31/1981
Financial Class:	Medicaid HMO	SSN:	566-67-0625
Policy#:	93955684C3	Group Name:	
Eff Date:		Group#:	493N
		Auth #:	

LEVEL 2 INSURANCE

Bill To:		Ins. Name 2:	
Address:		Subscriber:	
		Relationship:	
Phone#:		DOB:	
Emp Status:		SSN:	
		Group Name:	
Policy#:		Group#:	
Eff Date:		Auth #:	

LEVEL 3 INSURANCE

Bill To:		Ins. Name 3:	
Address:		Subscriber:	
		Relationship:	
Phone#:		DOB:	
Emp Status:		SSN:	
		Group Name:	
Policy#:		Group#:	
Eff Date:		Auth #:	

NAME: GUTIERREZ,CYNTHIA	ACCT#: SV0083448385
ADM DATE: 02/25/2015	UNIT#: SM02706496
ATTEND PHYS: Brandwene,Elliott L	SEX: F
DIS DATE: 02/25/2015	AGE: 33
DIS DISP: Discharge Home	DOB: 07/31/1981
LOS: 1	FIN CLASS: VN
PT CLASS: CER	ABS STATUS: FINAL

DIAGNOSES

ADMIT: 786.05	SHORTNESS OF BREATH
PRINC: 403.91	HYPTNSV CHR KID DIS, UNSPEC, W CHR KD STAGE V OR ESRD
585.6	END STAGE RENAL DISEASE
250.00	DIAB MELL WO COMPL, TYPE II OR UNSPEC TYPE, NOT UNCNTRLD
355.9	MONONEURITIS NOS
338.29	OTHER CHRONIC PAIN
285.9	ANEMIA NOS
786.05	SHORTNESS OF BREATH
414.01	CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY VESSEL
V45.11	RENAL DIALYSIS STATUS
V58.69	OTH MED,LT,CURRENT USE

OPERATIONS

DATE	PROC CODE & NAME	SURGEON	ANESTHESIOLOGIST
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CPT CODES-----
DRG:

STATUS	\$REIMB	MIN-LOS	STD-LOS	GRP VERS	GRP FC
				32	VN

CODER: PEOPLELE01

Santa Rosa Memorial Hosp.

1165 Montgomery Dr
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MRN#: SM02706496
Patient: GUTIERREZ,CYNTHIA
Report Status: Signed
Documented By: BRAEL001
Documented Date: 02/25/15 0334

Account#: SV0083448385
Report Type: EDPHYRPT
Report Mnemonic: PHY.ER
Report#: 0225-0042
Facility: NSM

Emergency Department Report**History of Present Illness****HPI****Service date**

2/25/15

Time Seen by MD: 03:34

Chief complaint: shortness of breath

The patient is a thirty three year old female with history of ESRD on hemodialysis brought in by private vehicle with persistently shortness of breath since 19:00 yesterday. She states her last dialysis was yesterday, states she was instructed to not drink to much, but admits to drinking three glasses of water yesterday evening. She denies fever, chills, cough, chest pain, nausea, vomiting, or diarrhea is having bilateral arm pain.

Onset/Duration/Timing: started approximately - 19:00 yesterday, worsening

Context:

Dyspnea

Severity: moderate

Aggravated by: lying flat

Alleviated by: sitting up

Past Medical History**Coded Allergies:**

No Known Allergies (Unverified , 2/25/15)
 per huisband, no known allergies

Active Scripts

Hydrocodone Bit/Acetaminophen (Norco 10-325 Tablet) 10 Mg/325 Mg Tab 1 Tab PO Q6HR PRN (PAIN, Moderate to Severe(4-10)) #20 TAB

Prov:Brandwene,Elliott L

2/25/15

Oxycodone Hcl/Acetaminophen (Percocet 10-325 Mg Tablet) 1 Each Tablet 1 Tab PO Q4HR #10TAB

Prov:Brandwene,Elliott L

2/6/15

Hydrocodone Bit/Acetaminophen (Norco 5-325 Tablet) 5 Mg/325 Mg Tab 1-2 Tab PO Q6H PRN (PAIN, Moderate to Severe(4-10)) #15 TAB

Prov:Allred,Kendall S

2/1/15

Metoclopramide Hcl (Reglan) 10 Mg Tab 10 Mg PO ACHS #120 TAB Ref 3

Prov:Altaf,Mujeeb

1/22/15

Hydrocodone Bit/Acetaminophen (Norco 5-325 Tablet) 5 Mg/325 Mg Tab 1 Tab PO Q6H PRN (PAIN, Mild (1-3)) #30 TAB Ref 0

Prov:Quang,Angela M

1/16/15

Amlodipine Besylate (Norvasc) 5 Mg Tab 5 Mg PO DAILY 30 Days

Prov:Junck,Daniel L

1/5/15

Atorvastatin Calcium (Lipitor) 20 Mg Tab 20 Mg PO QPM #30 TAB Ref 0

Prov:Quang,Angela M

12/17/14

Furosemide (Lasix) 80 Mg Tablet 80 Mg PO DAILY #30 TAB

Prov:Altaf,Mujeeb

12/3/14

Ondansetron (Zofran Odt) 4 Mg Tab.rapdis 4 Mg PO BID PRN (NAUSEA/VOMITING) #10 TAB

Patient: GUTIERREZ,CYNTHIA

Adm Phys:

MRN#: SM02706496

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Prov:Muller,Ridgely O

11/2/14

Reported Medications

Hydralazine Hcl 50 Mg Tablet 50 Mg PO BID #120 TAB

1/13/15

Metoprolol Tartrate 100 Mg Tablet 100 Mg PO BID #60 TAB

TO TAKE AM OF SURGERY

1/13/15

Brimonidine Tartrate (Brimonidine Tartrate 0.2%) 5 MI Drops 1 Drop BOTH EYES TID #5 ML

6/7/14

Timolol Maleate (Timolol Maleate Ophth Soln 0.5%) 10 MI Drops 1 Drop BOTH EYES BID #10 ML

6/7/14

Latanoprost 2.5 MI Drops 1 Drop BOTH EYES QPM #2.5 ML

6/7/14

Travel History

Travel and/or hospitalization outside the US in the last 30 days?

Past medical records: reviewed**Cardiovascular history:** HTN, CAD, heart failure, : - pericardial effusion, tetralogy of fallot surgery**Respiratory history:** tuberculosis - TESTED POSITIVE AS A CHILD. TOOK MEDS FOR 6 MONTHYS, : - CHF, no asthma, no COPD**Neurological history:** seizures - pt has not have one since age two, : - diabetic neuropathy**Endocrine history:** DM type 1, DM type 2 - has been hospitalized for this many times, no hypothyroidism**Renal history:** renal insufficiency - Stage 3, renal failure - CRF STAGE 3 KIDNEY DISEASE, dx'd in March 2014, dialysis - AV Fisyula left upper arm, : - hx of nephrotic syndrome with anasarca**Other pertinent history:** chronic pain, back pain**Surgical history:** : - partial thyroidectomy, tubal ligation, pancreas (childhood), thyroid (2011), no cholecystectomy**Other past history:**

partial pancreas removal

blind in left eye secondary to glaucoma

Gynecological history: no endometriosis**Family history of:**

no Pertinent family history

Other family history:

reviewed, not relevant

Smoking Status: Never A Smoker**History Of Substance Abuse:** Yes**Substance:** Patient Denies Substance Abuse, Illicit Drugs**Other social history:**

lives with husband, 3 kids and mother-in-law

worked as a dishwasher

Review of systems**Respiratory:** see HPI**Comprehensive ROS:** all other systems reviewed:negative**Physical Exam****Exam****Vital signs**

Initial Vital Signs

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
2/25/15 03:51	98.7	86	2	177/97	94	Room Air		
2/25/15 05:27							2	

Patient: GUTIERREZ,CYNTHIA**Adm Phys:****MRN#:** SM02706496

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2/25/15 08:55								40
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Sp O2: 94% on RA, interpretation: normal

General appearance: alert

EENT: normal eyes inspection, normal ENT inspection, normal pharynx

Respiratory: breath sounds normal, breath sounds equal

Cardiovascular: regular rate and rhythm, pulses equal/full x 4 extremities, no JVD present, no gallop, no systolic murmur, no diastolic murmur

Abdomen/GU: normal bowel sounds, soft, no distention, no tenderness, no guarding, no rebound

Skin: color normal, warm, dry, no cyanosis

Neurologic: oriented X4 and GCS = 15, cranial nerves intact, normal motor

Psych: normal mood and affect

Data**Vital Signs**

Date Time	Temp	Pulse	Resp	B/P	Pulse Ox	O2 Delivery	O2 Flow Rate	FiO2
2/25/15 08:55		86			97			40
2/25/15 07:00	98.2 98.2	83	20	145/89	97	Room Air	2	
2/25/15 06:41	98.2	83	20	145/89	97	Room Air		
2/25/15 05:27	98.2	86	21		97	Nasal Cannula	2	
2/25/15 04:27	98.7 98.7	86	2	177/97	94	Room Air		
2/25/15 03:51	98.7	86	2	177/97	94	Room Air		

Medications Administered

Given in ED

Diagnostics & Interpretation

Initial ECG (Interp. by ED MD):

Date: Feb 25, 2015

Time: 04:08

Heart rate: 86

Normals: NSR, normal axis, normal intervals

Rhythm: NSR

Interpretation: unchanged from prior, interpreted by ED MD

X-RAY (Interpreted by EP) :

Read by: Emergency Physician

X-RAY type: chest

of views: 1

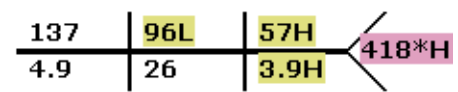
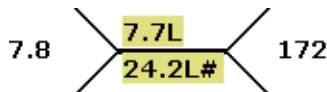
Comments

pulmonary vascular congestion

Result Diagram:

2/25/15 0350

2/25/15 0350

**Lab Results**

Patient: GUTIERREZ,CYNTHIA

Adm Phys:

MRN#: SM02706496

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Laboratory Tests

Test	2/25/15 03:50	2/25/15 06:14
WBC	7.8 $10^3/\mu\text{L}$ (3.5-11.0)	
RBC	2.66 $\text{L } 10^6/\mu\text{L}$ (3.50-5.50)	
Hgb	7.7 L g/dL (12.0-15.0)	
Hct	24.2 \# L \% (36.0-45.0)	
MCV	91 \# fL (79-95)	
Plt Count	172 $\text{THD}/\mu\text{L}$ (120-400)	
Seg Neutrophils %	73.4 H \% (34-64)	
Lymphocytes %	16.6 L \% (19-48)	
Monocytes %	6.6 (3-9)	
Eosinophils %	2.4 \% (0-7)	
Basophils %	1.0 \% (0-2)	
Sodium	137 mmol/L (136-144)	
Potassium	4.9 mmol/L (3.6-5.1)	
Chloride	96 L mmol/L (101-111)	
Carbon Dioxide	26 mmol/L (22-32)	
Anion Gap	15.0 H (3.0-11.0)	
BUN	57 H mg/dL (8-20)	
Creatinine	3.9 H mg/dL (0.40-1.00)	
Est GFR (African Amer)	17 L ml/min (>60)	
Est GFR (Non-Af Amer)	14 L ml/min (>60)	
Glucose	418 *H mg/dL (65-99)	
Calcium	8.0 L mg/dL (8.9-10.3)	
Total Bilirubin	0.5 mg/dL (0.3-1.2)	
AST	27 IU/L (15-41)	
ALT	93 H IU/L (14-54)	
Alkaline Phosphatase	290 H IU/L (32-91)	
Rapid CK-MB (CK-2)	5.1 ng/mL	

Patient: GUTIERREZ,CYNTHIA**Adm Phys:****MRN#:** SM02706496

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	(0.6-6.3)	
Rapid Troponin I	< 0.05 ng/mL (<0.05)	
Rap B-Natriuretic Pept	> 5000 *H pg/mL (0-100)	
Total Protein	6.8 gm/dL (6.1-7.9)	
Albumin	3.3 L g/dL (3.5-4.8)	
Globulin	3.5 gm/dL (2.3-3.5)	
POC Glucose		313 H mg/dL (65-99)

Medical Decision Making**Progress Notes****Progress Note :**

Date: Feb 25, 2015

Time: 06:05

Note

Re-examined patient, states she feels much better.

Disposition**Latest vital signs****Vital Signs**

	2/25/15 07:00	2/25/15 08:55
Temp	98.2 98.2	
Pulse		86
Resp	20	
B/P	145/89	
Pulse Ox		97
O2 Delivery	Room Air	
O2 Flow Rate	2	
FiO2		40

Impression:

Primary Impression: ESRD (end stage renal disease) on dialysis

Additional Impressions: Poorly controlled diabetes mellitus, Neuropathy, Chronic pain, Anemia

Condition: Stable

Disposition: Discharge Home

Patient instructions: AFTERCARE, Diabetic Neuropathy, ED Chronic Pain, ED Chronic Renal Failure

Additional instructions:

Please follow up at dialysis as scheduled tomorrow, and return to the emergency department sooner for worsening symptoms or any other concerns.

Referrals:

Southwest Community,Health Cli (PCP)

Scripts on discharge

Patient: GUTIERREZ,CYNTHIA

Adm Phys:

MRN#: SM02706496

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Hydrocodone Bit/Acetaminophen (Norco 10-325 Tablet) 10 Mg/325 Mg Tab 1 Tab PO Q6HR PRN (PAIN, Moderate to Severe(4-10)) #20 TAB

Prov: Brandwene, Elliott L

2/25/15

Attestation

Documentation prepared by Glenister, Sarah , acting as medical scribe for and in the presence of Dr. Brandwene 2/25/15 04:07

All medical record entries made by the scribe were at my direction and in my presence. I have reviewed the chart and agree that the record accurately reflects my personal performance of the history, physical exam, medical decision making, and the emergency department course for this patient. I have also personally reviewed and agree with the discharge instructions and disposition.

EMR and Dragon Attestation - this medical document was created using an electronic medical record system with Dragon computerized dictation system. Although this document has been carefully reviewed, there may still be some phonetic and typographical errors. These errors are purely typographical, due to imperfections of the software programs, and do not reflect any compromise in the patient's medical care.

Brandwene, Elliott L
Glenister, Sarah SCRIBE

Feb 25, 2015 03:34
Feb 25, 2015 04:07

This is not considered FINAL until Signed by a Physician

Authenticated By:

<Electronically signed by Elliott L Brandwene MD> 03/05/15 1343

Elliott L Brandwene

cc:

Patient: GUTIERREZ, CYNTHIA

Adm Phys:

MRN#: SM02706496

